

CLAIMS ONLY								Application Number 10/683559		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1								51			
2									52			
3									53			
4									54			
5									55			
6									56			
7									57			
8									58			
9									59			
10									60			
11									61			
12									62			
13									63			
14									64			
15									65			
16									66			
17	1								67			
18									68			
19									69			
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43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
Total Indep	2								Total Indep			
Total Depend	29								Total Depend			
Total Claims	31								Total Claims			